



TOWN OF NEWTOWN
TRANSFER STATION

TRANSFER STATION MONTHLY PASS

Today's Date: _____ Expiration Date: _____

PLEASE HAVE COPY OF REGISTRATION AND LICENSE READY!

| | |
|------------------|--|
| Name: | |
| Address: | |
| Year of Car: | |
| Make of Car: | |
| Model: | |
| Color: | |
| License Plate #: | |
| Material: | |

PLEASE MAKE CHECK PAYABLE TO : TOWN OF NEWTOWN

NO REFUNDS